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# TRANSMITTAL FORM

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|  |    |                        |                  |
|--|----|------------------------|------------------|
|  |    | Application Number     | 10/001,469       |
|  |    | Filing Date            | October 31, 2001 |
|  |    | First Named Inventor   | Aya JAKOBOVITS   |
|  |    | Art Unit               | 1642             |
|  |    | Examiner Name          | M. T. Davis      |
| Total Number of Pages in This Submission | 14 | Attorney Docket Number | 511582002420     |

## ENCLOSURES (Check all that apply)

|   |   |   |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form                             | <input type="checkbox"/> Drawing(s)   | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input type="checkbox"/> Fee Attached                                     | <input type="checkbox"/> Licensing-related Papers                                       | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input type="checkbox"/> Amendment/Reply                                  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application               | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Terminal Disclaimer  | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Request for Refund   | Issue Fee Transmittal, Form PTOL-85 (1 page + duplicate)                                |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> CD, Number of CD(s) _____                                      | Application for Patent Term Adjustment Under 37 CFR § 1705(b) (2 pages)                 |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> Landscape Table on CD  | Exhibit 1: Patent Term Adjustment History (2 pages)                                     |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   | <b>Remarks</b>  |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | Customer No. 36327  |   |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |                         |          |        |
|--------------|-------------------------|----------|--------|
| Firm Name    | MORRISON & FOERSTER LLP |          |        |
| Signature    |                         |          |        |
| Printed name | Kate H. Murashige       |          |        |
| Date         | September 8, 2006       | Reg. No. | 29,959 |

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 799476137 US, on the date shown below in an envelope addressed to:  
MS Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: September 8, 2006

Signature: (Judy Bridgwater)